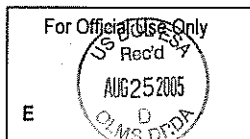


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13134</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Paul</u> <u>A</u> <u>Kenny</u> P.O. Box, Bldg., Room No., if any Street <u>6216 Mulberry Place</u> City <u>Simi Valley</u> State <u>California</u> ZIP Code + 4 <u>93063</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local Union No. 630</u> Labor Organization File Number <u>034-093</u> P.O. Box, Building and Room Number, if any Street <u>750 S. Stanford Avenue</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90021-1468</u>
5. Position in labor organization. <u>Secretary-Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Driftwood Dairy</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>10724 Lower Azusa Road</u> City <u>El Monte</u> State <u>California</u> ZIP Code + 4 <u>91732</u>	7.a. Nature of Interest, Transaction, or Income. <u>They are an employer whose employees Local No. 630 represents. They sent a Christmas Gift of two (2) quarts of Smog Nog</u> 7.b. Amount. <u>\$2</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Paul A. Kenny</u>	On <u>8-14-05</u> <u>213-627-2178</u> ^{EXT} <u>112</u> Date Telephone Number

Name of Person Filing Paul Kenny	File Number U-
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Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any). Name Wohlner, Kaplon, Phillips, Young & Cutler Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street 15456 Ventura Boulevard, Suite 500 City Sherman Oaks State California ZIP Code + 4 91403	7.a. Nature of Interest, Transaction, or Income. They are the Law Firm that represents Local Union No. 630. They sent me a wooden truck filled with three (3) small bags of nuts as a Christmas gift in 2004. 7.b. Amount. <input type="text"/> \$25
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A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any). Name Coastal Dental Plan Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any P. O. Box 3470 Street <input type="text"/> City Camarillo State California ZIP Code + 4 93011-3470	7.a. Nature of Interest, Transaction, or Income. Coastal Dental is a provider for the Teamsters & Food Employers Security Trust Fund. They sent a Christmas Gift of David & Son Fruits of the Month. 7.b. Amount. <input type="text"/> \$359
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A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any). Name PacifiCare - Becky Hardin, Account Exec. Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street 5816 Corporate Avenue City Cypress State California ZIP Code + 4 90630	7.a. Nature of Interest, Transaction, or Income. They are an insurance provider for the Teamsters and Food Employers Security Trust Fund. I attended a lucheon meeting where the Representative explained the various services provided to our members. 7.b. Amount. <input type="text"/> \$88
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Name of Person Filing Paul Kenny	File Number U-
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Part A Continuation Page

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any). Name <input type="text" value="Palm Springs Riviera Hotel"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="1600 N. Indian Canyon Drive"/> City <input type="text" value="Palm Springs"/> State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="92262"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text" value="A meeting was held in the Hotel for the IBT Warehouse Division Meeting. A fruit/cheese/water basket was provided in the hotel room."/> 7.b. Amount. <input type="text" value="\$56"/>
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A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>
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A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>
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Name of Person Filing Paul Kenny	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 150px;" type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12.b. Amount. <input style="width: 150px;" type="text"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

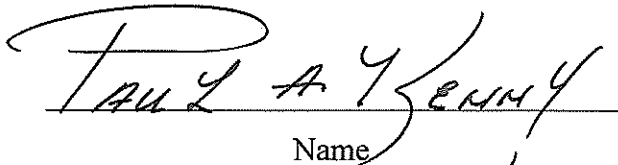
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 150px;" type="text"/></p>

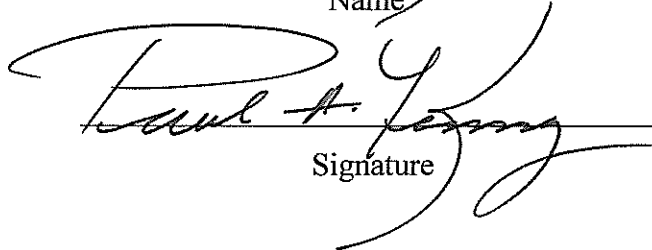
August 14, 2005

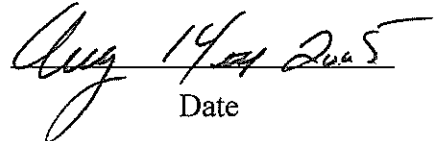
DISCLAIMER

Paul A. Kenny, Secretary-Treasurer
Teamsters Local Union No. 630
750 South Stanford Avenue
Los Angeles, California 90021-1468
(213) 627-2178 Extension 120

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.


Name


Signature


Date